



Carrabassett Valley Outdoor Association
CVOA EVENT REIMBURSEMENT FORM
For Event Hosts and Leaders

Please complete this form within 30 days of the end of the event. Attach all receipts and mail the package to the CVOA Treasurer, Valley Crossing #6, Carrabassett Valley, Maine 04947.

Event: _____

Location: _____

Date(s): _____ Number of Attendees: _____

Please Reimburse Host for Expenses: (food, beverages, supplies up to \$5.00 per person)

- Food and beverages: _____

- Supplies: _____
- Other Expenses _____

Total Expenses: _____

Less Funds Advanced: _____

Total Amount Requested: _____

Host/Leader Name(s): _____

Host/Leader Mailing Address: _____

Signature: _____

Date: _____